PATENT	APPLICATION	FEE DETERMINATION	RECORD
	ALL LIVATION	I EE DEILDIMINATION	nLCURL

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS		110		(Column 2).			RATE FEE		OR 1	RATE	FEE	
FOR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE		OB	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			10 minus 20=		. 90			X\$ 9=		OR	X\$18=	1620
INE	EPENDENT C	√ mi	minus 3 = *		2		X43=		OR	X86=	172	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	1 2
* If the difference in column 1 is less than zero, enter "0" in column 2							. [TOTAL		OR	TOTAL	2562
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER SMALL I	THAN :
_		(Column 1)		(Colur		(Column 3)	1 1	SWALL	ADDI-	OR I	SINALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUŞLY	PRESENT EXTRA		RATE	TIONAL FEE /		RATE	TIONAL FEE
NON	Total	• <	Mings	7	<u> </u>	= ·		X\$ 9=		OR	X\$18=	
AME	Independent	RESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=	/	OR	X86=	
	TWOTTILL	JULIANION OF HIL	JETT LE DET	LIVELIVI	COAIN	 	1	+145=		OR	+290=	
	•									OR	TOTAL ADDIT, FEE	
٠.	۸.	(Column 1)		(Colur	nn 2)	(Ćolumn 3)		ADDIT. FEE		L		•
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	state .		= .		X\$ 9=		OR	X\$18=	
WE	independent	•	Minus	***		e .] [X43= ^		OR	X86=	
~	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		J					
						•		+145= -		OR	+290=	
							,	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)			•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=	 F	X\$.9=		OR	X\$18=	
ME	Independent	*	Minus	***	<u>-</u>	=	1	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										Un	<u> </u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +145= OR +290=												
 H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE											
		ber Previously Paid					er four	nd in the app	ropriate box	in col	umn 1.	